



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/695,962	
	Filing Date	10/28/2003	
	First Named Inventor	Steven F. Hartung	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	71002/010

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address Application - 1 page; and return postcard
Remarks It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 36122 for the required fees.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Daniel N. Fishman, Reg. No. 35,512
Signature	
Date	January 7, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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PTO/SB/122 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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Application Number	10/695,962
Filing Date	10/28/2003
First Named Inventor	Steven F. Hartung
Art Unit	
Examiner Name	
Attorney Docket Number	71002/010

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- ☐ Applicant/Inventor.
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- ☒ Attorney or agent of record. Registration Number 35,512
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Typed or
Printed Name Daniel N. Fishman

Signature

Date January 7, 2004

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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